

## APPLICATION FOR DENTAL LICENSURE BY WAIVER OF PRACTICAL CLINICAL EXAMINATION

## **SECTION II - EDUCATION**

A. School of Graduation (Name, City, State, Country): \_\_\_\_\_

B. Date of Graduation: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

## **SECTION III – EXAMINATIONS**

All candidates answer A, B, C, and D. Path 1 candidates answer A, B, C, D, E, and F.

A. Have you passed Parts I and II of the **National Board** Examinations? ☐ Yes ☐ No

B. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

C. Have you passed the **Northeast Regional Board Diagnostic Skills Examination (DSE)**? ☐ Yes ☐ No

D. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

E. For Path 1 applicants, **Regional Board** examination taken: \_\_\_\_\_

F. Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

## **SECTION IV – EXPERIENCE**

A. *Path 2 candidates only:*

☐ Yes ☐ No I have actively practiced dentistry for at least 850 hours during the 5 year period preceding this application for licensure. (See Guidelines for requirement to submit a notarized statement.)

## **SECTION V - CHARACTER AND FITNESS**

If you answer "YES" to any question(s) in Section V– Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist been withdrawn for any reason?  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry?  |

## **SECTION V - CHARACTER AND FITNESS (CONT'D)**

- ☐ ☐ j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?
- ☐ ☐ k. Do you illegally use drugs?
- ☐ ☐ l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?
- ☐ ☐ m. Have you been named as a defendant in a filing or settlement of a malpractice action?
- ☐ ☐ n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons?

**Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.**

### **Release and Certification:**

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

### **NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_, Then personally appeared the above named \_\_\_\_\_, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL**

# MARYLAND STATE BOARD OF DENTAL EXAMINERS

## Application for Dental Licensure by Waiver of Practical Clinical Examination

### CHECK LIST

*Please review prior to sending your application package to the Board.*

**Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.**

### ALL CANDIDATES:

- ☐ 1. Is your application completed front and back?  
☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the \$450 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- ☐ 3. Did you enclose one 3x3-inch photograph with a notarized statement?
- ☐ 4. Did you request that an original National Board score card be forwarded to the Maryland State Board of Dental Examiners?
- ☐ 5. Did you enclose a certified examination report from the North East Regional Board certifying that you have passed the Diagnostic Skills Examination (DSE)?
- ☐ 6. Did you enclose certified proof of your dental education, such as a copy of a diploma or a letter from the school?  
*Please note that the original embossed school seal must be affixed to copies of transcripts and diplomas submitted to the Board.*
- ☐ 7. Did you enclose certified letters with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- ☐ 8. Did you enclose documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?
- ☐ 9. Did you enclose the Maryland State Jurisprudence Examination and the notarized affidavit along with the \$50.00 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?

### PATH 1 CANDIDATES:

- ☐ 1. Did you enclose certified examination scores including the raw data from the Central Regional Testing Service (CRDTS), the North East Regional Board (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB)?

### PATH 2 CANDIDATES:

- ☐ 1. Did you enclose evidence that you were granted a license in another state after having passed a regional board or an examination other than a regional board that is similar to the NERB examination; *and* a notarized statement attesting to at least 850 or more hours of active practice during the 5 years preceding application?

- ☐ 2. Did you enclose certified examination scores including the raw data from the Central Regional Testing Service (CRDTS), the North East Regional Board (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB)?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS  
GUIDELINES FOR DENTAL LICENSURE  
BY WAIVER OF PRACTICAL CLINICAL EXAMINATION**

The Board **may not** process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

The following criteria must be met by all candidates for licensure by waiver of practical clinical examination:

- a. Be of good moral character; and
- b. Be at least 18 years old; and
- c. Hold a Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or the equivalent from a college or university that is authorized by any state of the United States or any province of Canada to grant a degree and is recognized by the Board as requiring adequate preprofessional training and as maintaining an acceptable course of dental instruction; and
- d. Pass Parts I and II of the National Board examination.

In addition to the above criteria, applicants must meet all criteria in **either** path 1 or all criteria in path 2:

**Path 1:** You are a Path I candidate if you **have not** actively engaged in practicing dentistry for at least 850 hours during the 5 years preceding application for licensure.

- a. Pass an examination given by the Central Regional Dental Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc. (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board (WREB). A passing grade means a score of at least 75% in each discipline, clinical skill, procedure or knowledge area that is tested by NERB using the internal weighting and scoring methods the NERB uses to score the NERB examination; and
- b. Pass the North East Regional Board Diagnostic Skills Examination (DSE); and
- c. Pass the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations in Maryland.

**OR**

**Path 2:** You are a Path II candidate if you **have** actively engaged in practicing dentistry for at least 850 hours during the 5 years preceding application for licensure.

- a. Be currently licensed in another state by virtue of an examination equivalent to that currently required for original licensure in Maryland; and
- b. Have actively engaged in practicing dentistry for at least 850 hours during the 5 years preceding application for licensure; and
- c. Pass the North East Regional Board Diagnostic Skills Examination (DSE); and
- d. Pass the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations of Maryland.

To apply for licensure, submit the **Application for Dental Licensure by Waiver of Practical Clinical Examination** and enclose the following with your application:

### **Section I**

**All candidates must submit the following:**

- *A \$450 non-refundable fee.* Additional fees may be levied by the Board for investigatory purposes.
- *A photograph*, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."
- *Original National Board score card.* You must contact the **National Board of Dental Examiners** at 211 E. Chicago Avenue, Suite 1846, Chicago, IL 60611 or **(312) 440-2678** or **(800) 621-8099** and request that an **Original Score Card** be forwarded to the Maryland State Board of Dental Examiners at the address below.
- *Certified proof of your dental education.* Acceptable proof includes a certified **copy** of a diploma, a letter from the dental school, or official transcripts. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- *A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that the applicant is not being investigated, does not have charges pending against the applicant's license, has not been disciplined, and has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland.*
- If applicable, *evidence of legal name change*, such as a marriage certificate or court documents.
- *Certified examination scores from the North East Regional Board of Dental Examiners (NERB) for the Diagnostic Skills Examination (DSE).* Applicants may make application for this examination by contacting **NERB at (301) 563-3300.**
- *Maryland Jurisprudence Examination.* All applicants for licensure in Maryland must pass the Jurisprudence Examination on the Dental Laws and Regulations of this state with a score of at least 75%. It is an open book examination and is now available online at [www.dhmf.state.md.us/dental/](http://www.dhmf.state.md.us/dental/). If you choose to complete the online examination, please also complete the Affidavit form and return both documents to the Board's office along with the Jurisprudence Examination fee of \$50.00. Applicants may also take the exam at the Board's offices Monday through Friday between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed.

### **In addition to the requirements in Section I, Path 1 candidates must submit:**

- Provide evidence that you were granted a license in another state after having passed a regional board.
- *Certified raw data examination scores from one of the following Regional Boards:* Central Regional Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc. (NERB *Certified raw data examination scores from one of the following Regional Boards:* Central Regional Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc.), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB). Because all Regional Board scores (other than NERB) must, under Maryland law, be converted to the equivalent score that would have been given using the internal weighting and scoring methods of NERB, candidates must submit a detailed score sheet that contains their score breakdown by each of the examination components and by penalty deductions. Candidates will have to contact the appropriate Regional Board and request this information. Please see the attached Conversion Chart, which you may share with your Regional Board.

**In addition to the requirements in Section I, Path 2 candidates must submit:**

- *A notarized statement attesting to the applicant's active practice history* of at least 850 hours during the 5 years preceding application in Maryland for licensure by waiver of practical clinical examination. The statement must include the dates of practice, hours practiced, and location of practice.
- Provide evidence that you were granted a license in another state after having passed a regional board.
- *Certified raw data examination scores from one of the following Regional Boards:* Central Regional Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc. (NERB *Certified raw data examination scores from one of the following Regional Boards:* Central Regional Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc.), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB). Because all Regional Board scores (other than NERB) must, under Maryland law, be converted to the equivalent score that would have been given using the internal weighting and scoring methods of NERB, candidates must submit a detailed score sheet that contains their score breakdown by each of the examination components and by penalty deductions. Candidates will have to contact the appropriate Regional Board and request this information. Please see the attached Conversion Chart, which you may share with your Regional Board.

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**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Dental Examiners  
The Benjamin Rush Building  
Spring Grove Hospital Center  
55 Wade Avenue  
Catonsville, MD 21228  
ATTN: Licensing Unit

***Revised 3/8/11***

